

Clinical Health Evaluation Checklist

Patient Information

Name

Date of Birth

Evaluation Date

Clinician Name

Vitals

Blood Pressure

Heart Rate

Temperature

Checklist

- Presenting Symptoms Identified
- Medical History Reviewed
- Current Medications Recorded
- Allergies Checked
- Physical Exam Completed
- Assessment & Plan Documented

Notes

Additional notes...

Sign-Off

Clinician Signature

Date

